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Hand-enter Your Transmittal Number →

W 041009
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.htm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records.

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRR WM 08A NPDES Stormwater General Permit
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
NO for Discharges from Small MS4s
Type of Project or Activity

B. Applicant Information - Firm or Individual

NA
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
Street Address
City/Town State Zip Code Telephone # and extension
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Leominster 046-006-004
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
109 Graham Street plapointe@ci.leominster.ma.us
e-mail address (optional)
Leominster MA 01453 978.534.7590
City/Town State Zip Code Telephone # and extension

D. Application Prepared by (if different from Section B)

Woodard & Curran, Inc.
Name of Firm Or Individual
35 New England Business Center, Suite 180
Address
Andover MA 01810 978.557.8150
City/Town State Zip Code Telephone # and extension
Ronald St. Michel
Contact Person LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number NA
Is an Environmental Impact Report Required? yes no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? yes no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

AUG 20 2003
MUNICIPAL ASSISTANCE UNIT

F. Amount Due

Special Provisions:

- Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

NA EXEMPT
Check Number Dollar Amount Date

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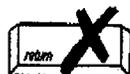
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W041009
Transmittal Number

Facility ID (if known)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Instructions

Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit Issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Patrick LaPointe, DPW Director

Name

109 Graham Street

Mailing Address

Leominster

City/Town

MA

State

978.534.7590

Telephone Number

plapointe@ci.leominster.ma.us

Email (if available)

2. Municipality Name

Leominster

City/Town

3. Legal Status:

Federal

City/Town

State

Tribal

Private

Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

MA Highway (Route 2, Interstate 190), Leominster Wastewater Pollution Control Plant, MBTA Commuter Rail

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes pending no

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

yes pending no

AUG 20 2003



Massachusetts Department of Environmental Protection
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BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

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Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water: Name	No. of Outfalls Number	Listed as Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment Metals, Nutrients, Pathogens, Taste, Odor, Color, Turbidity, Unknown Specify
North Nashua River	unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Rocky Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fall Brook Reservoir	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Barrett Pond	unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown Specify
Pierce Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Simonds Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Godfellow Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rockwell Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Morse Reservoir	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Moosebrook Brook	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Notown Reservoir	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whites Pond(portion)	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Haynes Reservoir	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Barletts Pond	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Samoset	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Heywood Reservoir (portion)	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whalom Lake (small portion)	unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

W041009
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

PE 1
BMP ID #
Distribute storm water
brochure
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5 Distribute brochure in a utility
bill once per year
Specify Measurable Goal

PE 2
BMP ID #
Feature SW info on city public
access cable station
Specify Best Management Practice

Mayors Office
Responsible Dept./Person Name

Y1: Create or obtain SW brochures
or educational videos to post or
run on cable station
Y2-Y5: Feature SW info on cable
station
Specify Measurable Goal

PE 3
BMP ID #
Provide storm water brochure
at City buildings
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Maintain and update provided
materials
Specify Measurable Goal

PE 4
BMP ID #
Stormwater presentations at
schools
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Y2-Y5: Include storm water issues in
yearly environmental
presentations to schools (grades
3-12)
Specify Measurable Goal

PE 5
BMP ID #
Radio Address
Specify Best Management Practice

Mayor's Office
Responsible Dept./Person Name

Y2-Y5: Discuss storm water issues in
one radio address per year
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

PP-1

BMP ID #

Partner/Support Local
Watershed Group

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1-Y5: Maintain current support of
the Nashua River Watershed
Organization

Specify Measurable Goal

PP-2

BMP ID #

Poster Contest

Specify Best Management Practice

School Department

Responsible Dept./Person Name

Y2: Develop concept, approach
educators and potential sponsors

Y3: Pilot poster contest

Y4-Y5: Modify and continue contest

Specify Measurable Goal

PP-3

BMP ID #

Storm drain stenciling program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Re-establish storm drain
stenciling program with Eagle
Scouts

Y2: Stencil 50% of catch basins in
urbanized area

Y4: Stencil remaining 50% of catch
basins in urbanized area

Specify Measurable Goal

PP-4

BMP ID #

Incorporate SW message into
public meetings

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1-Y5: Discuss SW at 1 public
meeting each year

Specify Measurable Goal

PP-5

BMP ID #

Control pet waste

Specify Best Management Practice

Parks and Recreation

Responsible Dept./Person Name

Y1: Install pet waste stations

Y2-Y5: Review effectiveness of pet
waste stations, keep record of
any visual inspection findings

Specify Measurable Goal

PP-6

BMP ID #

Storm Water Committee

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Y1: Create storm water Committee,
hold 1 public meeting

Y2-Y5: Hold quarterly public meetings

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>ID-1</u> BMP ID # <u>Drainage mapping</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Y1: Begin locating drainage structures (all outfalls at a minimum) in priority areas (historic properties, critical habitats, water quality impaired waters)</u> <u>Y2: Locate 20% of remaining outfalls, select mapping format</u> <u>Y3: Locate 20% of remaining outfalls</u> <u>Y4: Continue mapping, locate 20% of remaining outfalls</u> <u>Y5: Locate remaining 20% of outfalls and complete drainage map</u> Specify Measurable Goal</p>
<p><u>ID-2</u> BMP ID # <u>Implement illicit discharge bylaw or ordinance</u> Specify Best Management Practice</p>	<p><u>Storm Water Committee</u> Responsible Dept./Person Name</p>	<p><u>Y1-Y2: Research Phase II requirements and compare to existing City regulations and prepare draft bylaw or ordinance</u> <u>Y3: Finalize bylaw or ordinance</u> <u>Y4-Y5: Implement and enforce bylaw</u> Specify Measurable Goal</p>
<p><u>ID-3</u> BMP ID # <u>Eliminate illicit discharges</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Y1: Develop Illicit Discharge Detection and Elimination plan</u> <u>Y2-Y5: Detect and eliminate illicit discharges according to plan</u> Specify Measurable Goal</p>
<p><u>ID-4</u> BMP ID # <u>Educate public regarding illicit discharges</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Y2: Incorporate illicit discharge information into PE BMP's</u> <u>Y3: Notify public of upcoming bylaw</u> <u>Y4: Notify public of new bylaw in place</u> Specify Measurable Goal</p>

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

CS-1
 BMP ID #
 Develop and Implement
 Construction Site Runoff
 Control Program
 Specify Best Management Practice

Storm Water Committee
 Responsible Dept./Person Name

Y2: Develop Construction Site
 Runoff Control Program as
 described in the General Permit
 Part II.B.4.

Y3-Y5: Implement plan
 Specify Measurable Goal

CS-2
 BMP ID #
 Develop and implement
 Erosion and Sediment Control
 Bylaw
 Specify Best Management Practice

Storm Water Committee
 Responsible Dept./Person Name

Y1: Compare existing City
 regulations to bylaw
 requirements in the General
 Permit Part II.B.4 and MA DEP
 Storm water Management
 Standard 8.

Y2: Modify existing regulations
 and/or develop new bylaw
 Y3: Finalize regulation modifications
 or bylaw and present at City
 meeting

Y4-Y5: Implement and enforce
 modified regulations or bylaw
 Specify Measurable Goal

5. Post Construction Runoff Control:

PC-1
 BMP ID #
 Develop, implement and
 enforce Post-Construction
 Runoff Control Plan
 Specify Best Management Practice

Storm water Committee
 Responsible Dept./Person Name

Y2: Develop Post-Construction Site
 Runoff Control Program as
 described in the General Permit,
 Part II.B.5 and MADEP
 Stormwater Management
 Standards 2,3,4, and 7.

Y3-Y5: Implement and enforce Plan
 Specify Measurable Goal

PC-2
 BMP ID #
 Develop and implement Post-
 Construction Runoff bylaw or
 ordinance
 Specify Best Management Practice

Stormwater committee
 Responsible Dept./Person Name

Y1: Develop Post-Construction Site
 Runoff Control Program as
 described in the General Permit,
 Part II.B.5 and MADEP
 Stormwater Management
 Standards 2, 3, 4, and 7, as part
 of the Post-construction Runoff
 control program

Y2: Present Bylaw at City meeting
 and finalize
 Y3-Y5: Implement and enforce bylaw
 Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

GH 1
BMP ID #
Operation and maintenance program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Assess current maintenance activities, identify potential pollutant runoff
Y3: Identify means of reducing potential pollutant runoff, implement reductions
Y5: Reduce pollutant runoff potential
Specify Measurable Goal

GH 2
BMP ID #
Employee training program
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y2: Develop training program
Y3-Y5: Hold one employee training workshop per year at DPW
Specify Measurable Goal

GH 3
BMP ID #
Implement house hold hazardous waste / appliance recycling program
Specify Best Management Practice

BOH
Responsible Dept./Person Name

Y1: Assess City's current recycling program and identify all illegal dumping problem areas
Y2: Incorporate illegal dumping area clean-up as part of existing annual clean-up
Y3: Implement / Enhance recycling program
Y4: Implement neighborhood watch program in areas of illegal dumping
Specify Measurable Goal

GH 4
BMP ID #
Street sweeping
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Continue existing street sweeping program of sweeping every street once per year and the downtown area once per week in the summer
Specify Measurable Goal

GH 5
BMP ID #
Catch basin cleaning
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1-Y5: Continue existing catch basin cleaning program (every basin once per year and as needed).
Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

GH-6
BMP ID #

Reporting
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Y1: Create a method to record storm water management activities (e.g. catch basins cleaned, streets swept, yearly training workshops held, bylaws implemented, etc.)
Y1-Y5: Begin recording all storm water management activities. Provide MA DEP and EPA with yearly report as describes in the General Permit, Part II.E.
Specify Measurable Goal

7. BMPs for Meeting TMDL:

TMDL-1
BMP ID #

Check current impairment lists
Specify Best Management Practice

Storm water Committee
Responsible Dept./Person Name

Y1: There are no completed TMDL studies for receiving waters in Leominster.
Y2-Y5: Reference Part II of the current Massachusetts Integrated List of Waters for newly listed water bodies with completed TMDL studies into which Leominster SW outfalls directly or indirectly discharge
Specify Measurable Goal

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Mayor Dean J. Mazarella
Printed Name

Signature 

7/25/03
Date



Hand-enter Your Transmittal Number →

W 041169
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NA
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NA
Last Name of Individual First Name of Individual MI
Street Address
City/Town State Zip Code Telephone # and extension
Contact Person e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Acton 046-001-062
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
472 Main Street djohnson@town.acton.ma.us
Street Address e-mail address (optional)
Acton MA 01720 978.264.9612
City/Town State Zip Code Telephone # and extension

D. Application Prepared by (if different from Section B)

Woodard & Curran, Inc.
Name of Firm Or Individual
980 Washington Street, Suite 325
Address
Decham MA 02026 (781) 251-0200
City/Town State Zip Code Telephone # and extension
Helen Priola
Contact Person NA
LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number NA
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NA EXEMPT NA
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